



Sexual Harm Practice Guidance



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1. Introduction

The aim of this Practice Guidance is to support workers in keeping children safe from sexual abuse and to help reduce the impact of it when it has happened. There are excellent resources available to workers online and this Practice Guidance will reference where to find them as hyperlinks. There are also excellent resources in the Learning From Practice tile on The Point which you can access [here](#).

This Practice Guidance is designed to be accessible and brief and as such does not cover all the elements of sexual harm. The Child Sexual Abuse Centre has created a helpful guide that sets out the nine different types of sexual harm [here](#).

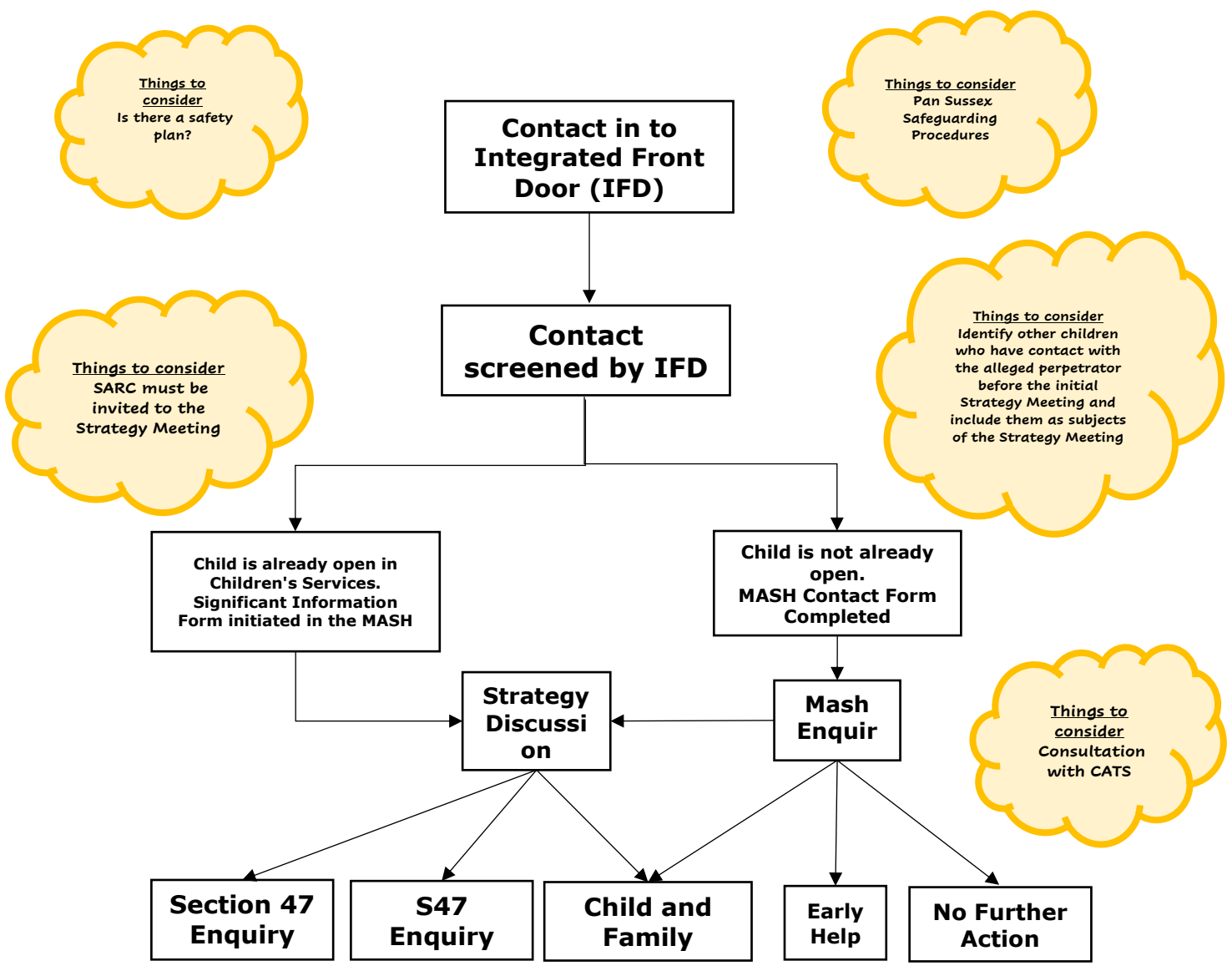
West Sussex works under a local framework called the Sussex Child Protection and Safeguarding Procedures. In responding to concerns about sexual harm workers should always consult with these procedures, alongside this Practice Guidance. You can read more about the Sussex Child Protection and Safeguarding Procedures [here](#).

By using this Practice Guidance and the links within it, workers will become more confident in responding to Sexual Harm.

2. Sexual Harm Response Pathway

Purpose of Section:

The purpose of this section is to show the pathway that should be followed when there are concerns about children who might be at risk of sexual harm. There is significant discrepancy between the numbers of children thought to experience sexual abuse and those identified by statutory services, as well as a significant decrease over time in the numbers of children on child protection plans for sexual abuse though there has been a significant increase in the number of referrals to the police. By following this pathway, we can strengthen our response to children who might be at risk of sexual harm.



3. Sexual Harm Myth Busting

Purpose of Section:

The purpose of this document is to explore some of the more common myths and views held by professionals working with children around sexual abuse of children and disclosures made by children, as well as facts, statistics, and helpful things to consider.

Myth 1: We shouldn't ask leading or suggestive questions

Things to consider

The

[Paramourncy Principle.](#)

Section 1 (1) of the 1989 Children Act sets out the Paramourncy Principle. The Welfare of the child is Paramount and supersedes any

- This does not mean we don't ask any questions or avoid taking about sexual abuse
 - a) Has anybody done anything that upset you/makes you unhappy
 - b) Has any person hurt you/touched you in a way you don't like
 - c) Has anyone asked you to touch them?
 - d) Some children talk about being upset or hurt in some way. Has anything like this happened to you?
- If a child had a bruise or a burn you would talk to the child about that. Sexual abuse is not different.
- Research tells us that children need to be asked direct questions about what is happening to them and what they are worried about.

Children tell us that they were not asked about their abuse so they did not talk about it.

Myth 2: The Police Investigation takes priority

- At least 15% of girls and 5% of boys experience child sexual abuse before the age of 16 though most research points to this number being much [higher](#).
- Most sexual abuse is not reported to the police (the best research suggests the reported Sexual Abuse is only around 7% of actual abuse experienced by children)
- Only 14% of cases of sexual abuse reported to police go to charge
 - i. What about the remaining 86% of disclosures that are reported to the police?

- ii. Research estimates that 30% of convictions of sexual abuse against children are committed by children under 18 years old. For victims under the age of 12 it rises to 50%

Things to consider

The threshold for the police and criminal prosecution service to charge an individual with a crime is 'beyond all reasonable doubt', this is a very barrier around 95% certainty.

For the family court the threshold is much lower at 'balance of probabilities' meaning around a 60 – 80% level of certainty. We do not need conclusive high levels of evidence to believe that a child has experienced harm because most children are not able to provide this.

Myth 3: If a parent or carer was sexually abused as a child they are more likely to perpetrate sexual abuse as an adult

- Research does not necessarily support this and actually being brought up where there [multiple forms of abuse](#) is a stronger indicator that someone might perpetrate sexual harm as a child
- We need to be more [analytical about broader](#) risks in the family that may be relevant – intergenerational sexual abuse.

Myth 4: The child has not made a verbal disclosure so it didn't happen

Things to consider

What is a child's behaviour telling us?

Has a child changed their behaviour dramatically recently? Are they angrier, more distressed without an obvious cause?

Are the other children in the household not responding in the same way?

Who have the children spent time with?

- Most children do not tell anyone that they have been sexually abused
 - i. 74% of adults who have talked about being sexually abused as children say they did not tell [anyone](#).
- Some children may not recognise that abuse is happening and may find the abuse soothing or physically arousing.
- Some children may not have the words to tell us what is wrong, this is especially true for children with disabilities
- They may feel shame, self-blame, fear of what will happen to them and their family, fear of reprisals, fear of getting into trouble

- If people do talk about being sexually abused as a child, often they will wait until they are an adult
- Paying attention to children’s behaviours may be more helpful than waiting for them to use words.
 - i. Take a look at the [Signs and Indicators Template](#) from the CSA centre
 - ii. Just because it is not consistent, does not mean it is true

Things to consider
Trauma has a significant impact on recall. Research shows that between 50 – 75% of eye witness testimony in criminal cases is inaccurate in adult witnesses to crimes, apply this to a traumatised child victim. Can a child tell you precisely what they did during a normal non-traumatic day at school?

Myth 5: The child has withdrawn the disclosure so it did not happen

Things to consider
If you think that the child has made a false disclosure consider why the child may have done so? What would the impact of this be for the child? What else might they be trying to tell us? Might they

Withdrawals of disclosure may occur even where there is corroborative evidence.

Research shows about 10% to 23% of disclosures are and to look in more detail about the messages from research about disclosures, please look at [this link](#).

Removing a child from the home, having unsupportive carers or the person who is the abuser is a close family member increases the likelihood of a withdrawal. Consider asking the individual who is alleged to have perpetrated an offence to leave the house during assessment. How would you feel if your alleged abuser remained in your home even with a safety plan when you have made a disclosure?

- We need to be more analytical about the reasons why a child has withdrawn the disclosure – What is behind the reason for the disclosure being made?
- Research says children are unlikely to be making up the allegation.

Myth 6: We don't have physical evidence of sexual abuse

Things to consider
The SARC has a video link they can send to families to explain what happens at a SARC medical and offer some reassurance.

- Most abuse is reported outside of a forensic window of 72 hours.
- Even if there is some forensic evidence to indicate sexual abuse, it is often inconclusive. This does not mean that abuse did not happen. The Child Sexual Abuse Centre has a helpful guide on understanding more about the value of speaking to the SARC when there are concerns about sexual harm. You can find it [here](#).
- A SARC medical is much more than gathering physical evidence. A SARC medical is also about reassuring a child and answering any questions they may have about what has happened to them and the physical impact on them. This can be a healing process in and of itself for the child and their family. To learn more about this the NHS has produced a short video and you can find it [here](#).

Myth 7: "They must have known"

Things to consider
Website- www.MOSAC.org.uk
This is a website set up by mothers of children who have been sexually abused to share information, resources, and to offer counselling to other non-abusing parents.

- Working with a non-abusing partner can be hard but we must remember that they may themselves be victims of grooming behaviour from the person who has abused their child.
- Shock, denial and avoidance is a normal response from non-abusing partners and follow this link [here](#) to learn more about this.
- Research shows being [believed](#) by the main carer is key for children being kept safe and supported in the future and professionals need to adopt a relationship based approach to supporting non-abusing partners. Workers can access guidance on how to work with non-abusing partners in the [Learning in Practice](#) tile

4. Working with Children

Purpose of Section:

This section provides some initial guidance on how best to work and communicate with children who have come to sexual harm or are at risk from it. It's purpose is to give workers more confidence in this area. We know people can find communicating with children about this difficult.

We can often find it difficult to think about but statistically it is highly likely that at least one of the children on your caseload will be experiencing, or would have experienced, sexual harm. Around 1 in 20 children and young people have experienced sexual abuse (NSPCC, 2021) and this figure is likely to be higher among the children on your caseloads.

We know that professionals can feel unsure of how to talk to children and can feel paralysed by fear of getting it wrong, contaminating evidence and possibly messing up a criminal conviction. However, 'the reality is that very few cases of child sexual abuse currently progress to a prosecution and yet we allow fear of possibly affecting a criminal case, which is unlikely to happen, limit our proactive steps to understand what is happening to a child and protect them from harm' (Wiffin, Centre of Expertise in Child Sexual Abuse, 11 Sep 2019).

In fact in the year 2020-21 51,000 contact sexual child sexual abuse offences were reported to the police, of these only 3,700 resulted in a prosecution, and of these only 1,700 in a conviction (Centre of Expertise in Child Sexual Abuse). So, of the cases reported to the police (and we know that most aren't), only 3% end in a conviction.

We know that children and young people need help to tell others about their experiences of sexual abuse, so we want to support you to be able to have conversations without fear of affecting a criminal trial, remembering that the child's welfare is always paramount and that the research tells us that children want someone to notice that something is wrong and want to be asked direct questions.

What do I need to do?

Please note: Although we present this process as a series of numbered steps it is important to acknowledge that this work with children is not a linear process, it is more of a circular one, in which hypothesis may need to be revisited in light of new information/concerns and that conversations with children may need to happen more than once (often many more times). We suggest that it is important to take all cases where there are concerns about sexual harm to supervision and the two child and family psychologists working with Family Safeguarding are available to offer consultations if this would be helpful.

1. Identifying Sexual Harm

Given the statistics, we need to hold in mind that sexual harm may be occurring or may have occurred for the children and young people we support. Although it is often difficult for us to think about we do need to think the unthinkable and hold this in mind as a possibility/hypothesis. If you are worried a child might have been, or is being, sexually harmed then you need to discuss this with your manager. You need to consider if a strategy discussion is needed, and in most circumstances it will be, and a plan developed with the professionals around the child, about how to approach this.

Children and young people rarely tell others directly about their experiences. Rather than telling, children commonly use their behaviour to communicate and may show signs or act in ways that they hope will be noticed and reacted to by others, such as self-harm, eating disorders, acting out in class, school attendance and being withdrawn (of course this is not an exhaustive list).

The Centre of Expertise in Child Sexual Abuse have developed a signs and indicators template which provides a framework for concerns to be about a child to be recorded. [Signs & Indicators Template - CSA Centre](#)

2. Creating a safe space to talk with the child/young person

If you have concerns it is your duty to act on them. If you have noticed changes in a child's behaviour or have other concerns, you should discuss this with your manager and plan how to speak to the child. It is important that we ask them how they are doing and let them know you are listening. Research tells us that this is what children want. Children may not talk but it is important to give them opportunities and to continue showing that you are listening.

Of all the professionals involved with children, it is teachers that children tend to tell most often. They are unlikely to tell social workers, police officers, or health professionals. However, they want their social worker to show an interest, ask them questions and provide a pathway to being able to tell, even if it is not to them.

It is important to think about who the child/young person has the best relationship with and who might be best placed to have these conversations with the child. It is likely that this conversation will need to take place over several sessions, not just one.

On a practical level, conversations need to take place outside of the family home, or away from where any abuse may have occurred and the person suspected of abuse should not be close by. If possible you should try to meet in a room/space that is familiar to the child. The room should be warm, comfortable, quiet and free from interruptions. You should sit on the same level as the child and let them know they can leave if needed. Some children may feel more comfortable engaging in an activity at the same time. Consider having a drink and a snack available.

3. Understanding that telling is a process

Telling is best understood as a process, that involves lots of dynamics or dilemmas, including being torn between needing to tell (to make the abuse stop) and wanting to keep it secret (for fear of the consequences of telling). Children rarely tell everything about their experiences of abuse in one go (and it is thought that most never tell). Sometimes it can be helpful to acknowledge some of the dilemmas children might face in talking to professionals, for example you could say “sometimes things happen to children in families that make it very hard for children to talk”.

Research tells us that children worry that they won't be believed (and this can deter them from telling). Research also tells us that children rarely lie about being sexually abused. So it is important that you accept what they say, whilst also reserving any judgment about whether it is the 'truth' or not.

If a child tells you (or someone else) that they haven't been sexually abused, it doesn't necessarily mean that they haven't and you should continue to hold this in mind as a possibility.

Children sometimes withdraw their allegation, however this doesn't necessarily mean that the abuse did not happen. It is important to consider why a child may withdraw their allegation. Research suggests that children may withdraw their disclosure if their disclosure could result in their removal from their family home. Research also suggests that withdrawal of disclosure is more common in younger children and where non-abusing parents/carers are unsupportive or where the perpetrator is a close family member.

Children and young people face a number of barriers to telling, including complex feelings about the abuse, such as shame, developmental factors such as capacity and language skills, as well as additional family

characteristics, such as parental mental health and domestic abuse. Boys, deaf children, disabled children, minority ethnic children and those who are lesbian, gay, bisexual, trans, questioning, intersex or asexual (LGBTQIA), may face further additional barriers to telling based on their background or characteristics. As well as considering how these individual factors may be barriers to telling, we also need to think about the connections or intersectionality between social categorisations (for example race, class, gender) and discrimination.

4. Asking questions

You may be worried about opening up a conversation about sexual abuse and asking questions, but it is important that these worries do not lead to avoidance of a discussion that could help a child to disclose and ultimately end the harm and abuse they are experiencing.

Research suggests that in order to identify child sexual abuse children need to be asked direct questions about what is happening to them and what they are worried about. Children report that did not disclose sexual abuse because they were not asked direct questions. (Wiffin, Centre of Expertise in Child Sexual Abuse, 11 Sep 2019).

It is important to plan these discussions with your manager and preferably in a multi-agency conversation, such as a Strategy Discussion. In the first instance the child needs to be in the right environment and a rapport build with the child. You want to put the child at ease and comfortable in using descriptive words. For example, talk to the child about their friends, pets and interests and ask them to describe events, how things look, feel or smell. You may want to ask for a consultation with the Family Safeguarding Psychologists to help plan your time with the children.

Some open-ended questions you can ask to explore children's experiences might include:

- 'Is there anything you feel unhappy about?'
- 'Can you tell me about...', 'Can you explain...', 'Can you describe...?' (TED)
- 'I notice that...'
- 'Help me understand....'
- Who, what, where, when, how questions, such as 'what else happened?', 'where did he touch you?'

These type of questions might be needed with younger children.

'Why' questions are likely to be difficult for children and young people to answer, so should be avoided where possible.

Direct questions might include:

- 'Has anybody done anything that upsets you/makes you unhappy?'

- 'Has anyone ever touched your penis/vagina/vulva/bottom?'
- 'Has anyone ever asked you to touch their penis/vagina/vulva/bottom?'
- 'Have you ever seen anything, such as on the TV, computer or phone, that you feel unhappy about?'
- 'Has anyone ever taken pictures or a video of you without your clothes on or of your penis/vagina/vulva/bottom?'

Many children and young people use nicknames for their body parts e.g. mini, flower. You may need to clarify what a child or young person means, if they use ambiguous language, for example you could ask: 'can you tell me what you mean when you say xxxx'. It is advised that when talking to a child, particularly a primary aged child it will be important to first explore names for body parts to ensure that the child and yourself have a shared language for the different body parts, particular genitalia. It is helpful to model anatomical names but be curious about the words that the child uses too. Consider how best to undertake this with the child, drawing can be a helpful tool in this work. Girls in particular often lack words for their genitalia and this absence of language creates another barrier for disclosure.

It is ok to leave some pauses, as children need time to process questions and think about their responses. Try to give children time and try not to interrupt them.

5. Following a disclosure

Disclosure can be traumatic and can have short and long term effects on children's emotional wellbeing. Let the child/young person know that they have done the right thing in telling you and that you are going to support them through the process.

Disclosure can lead to heightened feelings of shame and guilt. Let the child/young person know that what happened is not their fault and should not have happened.

Let them know you have taken them seriously. Explain what you'll do next and keep them involved and informed as much as is possible. You can ask what the child hopes/fears might happen next and address their concerns. Never promise to keep a secret. It is important to let children know when they can talk to you again, or who else they can talk to.

You need to record your conversation with the child/young person as soon as possible, including what you asked and said.

Speak to your manager about holding a strategy meeting and consider referring to the SARC (sexual assault referral centre).

Develop a safety plan, which outlines how the child/young person will be kept safe from harm in the immediate. Further safety planning can be discussed at the strategy meeting, but an immediate response will be needed before this.

Consider what medium and longer term support might be available for the whole family. The Centre of Expertise in Child Sexual Abuse have developed a guide about supporting parents and carers: [Supporting Parents and Carers Guide - CSA Centre](#)

Further support

Speaking to children about any abuse they have suffered can be distressing for professionals. Sexual abuse can be particularly traumatic and upsetting. It is important not to underestimate the impact on your wellbeing of this and there is support for you that the Council can put in place. You should make sure that there is time for you and your manager to debrief and plan for the support you will need following a disclosure.

5. Harmful Sexual Behaviour in Children and Young People under 18

Purpose of Section:

The purpose of this section is to provide guidance for when a child or young person under the age of 18 engages in, or is alleged to have engaged, in Harmful Sexual Behaviour. We must remember that these children and young people need to be seen as vulnerable themselves, despite the risks that they may pose to others.

What is Harmful Sexual Behaviour?

There are a range of common and healthy sexual behaviours at different developmental ages and stages. A child's sexual behaviour would be considered harmful when the sexual behaviours are outside this developmental range, are non-consensual and/or if the child or young person has power over the other individual by virtue of age, emotional maturity, gender, physical strength or intellect.

Harmful sexual behaviour (HSB) can be displayed towards younger children, peers, older children or adults. It's harmful to the children and young people who display it, as well as those it is directed towards (NSPCC, 2017).

How Prevalent is Harmful Sexual Behaviour?

It is estimated that at least one third of all child sexual abuse is committed by other children and young people under the age of 18, this number is reported to rise to 50% when the victim is under the age of 12 (Hackett et al, 2014). In 2016 15% of all rapes in England and Wales were committed by a young person under the age of eighteen (Criminal Justice Statistics, 2017).

Of significance is the increase in reports of childhood sexual abuse; the NSPCC (2020) report that there were 73,518 recorded offences including rape, online grooming and sexual assault against children in the UK in 2019/20, which is an increase of 57% over the previous 5 years.

Taking the estimation that at least of one third of all child sexual abuse is committed by children and young people, this would indicate that over this period approximately 24,500 reports of child sexual abuse were by a child under 18.

In addition, it should be noted that it is highly likely that official statistics under-represent the scale of the issue.

What do we know about children and young people who engage in Harmful Sexual Behaviour?

- The majority of children and young people who engage in HSB are adolescent boys, but girls and younger children also engage in HSB.
- The majority of children who display HSB have themselves experienced or continue to experience **trauma**, including abuse or neglect. It is important to hold in mind their trauma when understanding and responding to their HSB.
- **Child sexual abuse** is overrepresented among children who engage in HSB and even more so for the under 12s.
- Whilst **girls** are less likely to engage in HSB than boys, those who do so, tend to have higher levels of sexual victimisation and are referred to services at an earlier age.

- **Domestic violence** is a significant risk factor in children engaging in HSB
- When a child engages in HSB this should raise questions about the child's possible previous or current experience of being harmed.
- For most young people their HSB is not sexually motivated, it is **an attempt to meet basic needs**, for example, to meet a need for belonging and connection or to help regulate emotions. Young people who engage in HSB often don't have opportunities to meet these needs in appropriate ways.
- Children and young people who engage in HSB often experience **other emotional, behavioural and peer-related difficulties**.
- There is some overlap between children engaging in **offline and online HSB**. Therefore, consideration needs to be given to potential risk and safety planning across both settings.
- Most children and young people displaying HSB do not become sexual offenders as adults.
- Children with **learning disabilities** are overrepresented in cohorts of young people who engage in Harmful Sexual behaviour. There are many reasons for this including the impact of their learning disability on areas such as impulsivity, social skills, understanding of relationships and so on. They are also more likely to admit their HSB and more likely to be caught. It is important that HSB committed by young people with learning disabilities is responded to as seriously as those that do not. This is important to ensure appropriate safety planning can be put in place and to ensure that the young person can get the help and support they need to move forward without further HSB.
- Children **often deny their HSB**, this can be understood as potentially protective for them and doesn't prohibit assessment or intervention.

What to do if HSB has been identified or alleged

Record the HSB or alleged HSB

When recording an incident of HSB it is important to do the following:

- Write up the incident as soon as possible.
- To include date and time of the incident.
- What the HSB involved including:

- What happened including naming of body parts, be specific as possible in the description of the HSB,
 - When it happened (with dates),
 - Where,
 - To whom (with ages and relationship to the young person),
 - Whether anyone else was present,
 - Frequency and duration,
 - If any Force, Threat or Coercion was involved,
 - What was said by either party.
- Include details of what happened after the incident, what was said to the young person if anything and what their response was.

Reporting HSB or alleged HSB

Report HSB or alleged HSB to the Integrated Front Door, including information generated from the prompts above. If the child is open to Children's Services, then discuss this with your manager and consider holding a Strategy Discussion.

It would also be helpful to include at this stage any historical concerning or harmful sexual behaviour, and if any intervention has been undertaken in the past

Strategy Discussion

In line with Sussex Child Protection and Safeguarding Procedures 8.10 Children who Harm Others, a strategy discussion must be convened, regardless of the age of the child or the view or response of parents.

8.10.23 In all cases where the suspected abuser is a young person, the Police and Children's Social Care must convene a Strategy Discussion (usually a face-to-face meeting) within the Section 47 Enquiry time-scales. The Police will also decide whether a criminal offence is alleged.

8.10.24 Where the decision is reached that the alleged behaviour does not constitute abuse or the child is under the age of criminal responsibility, and there is no need for further enquiry or criminal investigation, the details of the referral and the reasons for the decision must be recorded.

<https://sussexchildprotection.procedures.org.uk/tkypix/children-in-specific-circumstances/children-who-harm-other-children>

Safety Planning

Social workers and education staff should not wait for the outcome (or even the start of) a police or social services investigation/assessment to undertake safety planning and should seek to implement immediate safeguarding measures to safeguard others and prevent further allegations of HSB.

When HSB has occurred, families will be required to think about how they might do things differently to increase levels of safety. The research literature indicates that creating a robust Home Safety Plan, which includes clarifying the family rules, developing boundaries and increasing supervision within the home, is vital in deterring further incidents of HSB (Bateman & Milner, 2015).

The CATS Home Safety Plan and the CATS School Safety Plan should be completed at the earliest opportunity, there is guidance in these for what to consider when implementing these plans. These documents are intended to support the initial safeguarding process and facilitate discussions around potential risk within the home/school setting, regardless of whether the HSB occurred within the home, school or community context. These initial safeguarding measures should be considered to be in the best interests of those involved and should not be perceived to be a judgement of guilt of the alleged but should be implemented regardless of whether the young person admits or denies.

In addition to safety planning, it is important to talk to any siblings to consider whether they feel safe and if they have ever experienced HSB from their sibling. The undertaking of a piece of keep safe work 1:1 with siblings, outside of their family home would be recommended. CATS can offer consultation on this if required.

Who are CATS and how to make a referral?

The CATS – Consultation Assessment and Treatment Service - is a specialist psychological team in West Sussex working with children and young people up to the age of 18 who have engaged in or are alleged to have engaged in HSB. CATS offer consultation to professionals in addition to direct work with the child/young person and family.

A referral should be made to CATS following the strategy meeting. CATS can only accept referrals from the allocated social worker.

CATS referrals meetings are weekly. If the referral is accepted the social worker along with the other key professionals in the network will initially be offered a CATS Consultation, chaired by a CATS clinician. A multi-agency professionals meeting, the Consultation provides an opportunity to: discuss and to gain further understanding of the HSB or alleged HSB, to review the safety planning, consider support for the young person and to agree next steps.

Following the initial Consultation CATS have a number of levels of involvement.

- Closure if no further CATS involvement needed
- Remain involved for further consultation only, this may include consultation to the professional network for the young person who has engaged in the HSB, it may also include individual consultation for keep safe work with siblings.
- Undertaking of a CATS Psychological Assessment of Risk and Resilience
- Therapeutic Intervention
- For younger children, a combined Assessment and Intervention, when clinically indicated

Language

Children who engage in HSB are not 'mini sex offenders' and we need to hold them in mind as children who need support and intervention in addition to safety planning to keep them and others safe.

It is important to avoid language like perpetrator, predator, paedophile, sex offender.

The police are now moving to a change in language and should be referring to a child who engages in HSB as the 'Child Involved' as opposed to the perpetrator or alleged perpetrator.

Prompts and resources to aid decision making regarding whether the child's sexual behaviour is Harmful.

Has the other person consented or are they able to give consent? See below for a definition of consent.

In trying to make sense of sexualised behaviour, it is important to carefully consider the concept of consent. Consent refers to whether permission or agreement has been given by one person to another. A young person consents to sexual activity only if they agree by choice and only if they have the freedom and capacity to make that choice.

The legal age of consent is 16 years old in the UK. It is acknowledged that young people under this age might engage in sexual activity and the laws are there to protect children from abuse or exploitation, rather than to

prosecute under-16s who participate in mutual sexual activity. A child under the age of 13 can never legally give consent and sexual activity involving a child under 13 should always result in a referral to social care and

the police via the Integrated Front Door. Sexual activity without consent, regardless of age, is rape and/or sexual assault and should be referred to the Integrated Front Door.

Are there differences in age, power, strength, and/or cognitive ability?

Sexual behavior between children is considered harmful if one of the children is much older, particularly if there is more than two years' difference in age, or if one of the children is prepubescent and the other isn't.

A younger child can abuse an older child, particularly if they have power over them e.g. if the older child is cognitively less able.

Is the behaviour developmentally appropriate for the child's age?

Sexual behaviour in children can be understood on a continuum from developmentally Appropriate to Problematic to Harmful.

See link below for further support in considering the how the child's behaviour should be understood.

<https://learning.nspcc.org.uk/media/2685/responding-to-children-who-display-sexualised-behaviour-guide.pdf>

6. Protective Parenting

Purpose of Section:

The purpose of this section is to provide guidance for working with non-offending parents. Research tells us that one of the most important elements of supporting children who have been harmed or at risk of being harmed, is having a safe adult around them. There is support we can offer and we need to hold in mind the experiences of the parent who we are working with.

For families where sexual abuse is a feature or concern, the non-abusive parent / carer has a pivotal role to play in terms of mitigating the risk of sexual harm to the children in their care. If police and Children's Services are investigating sexual abuse or there have been convictions for sexual abuse (historic or current), it is not uncommon for the non-abusive parent/carer to feel overwhelmed and conflicted. The non-abusive parent /

carer could be caught completely off guard about why and how allegations of sexual abuse have come about. Having to take a lead in protecting children from sexual harm and providing an emotional support to children is often an overwhelming experience.

Denial manifests itself not just in the perpetrator but can manifest itself within the family network and other protective adults in terms of their perception or account of what the sexual risks might be. Denial is normative and this is also true for the non-abusive parent / carer. Family's lives can be in crisis at the point a disclosure is made, or a police investigation starts. Protective adults can often respond to that shock through disbelief, or perhaps minimization or denial. Feelings such as shock, fear, anger, projection of blame onto the authorities, self-blame feelings of shame are often in play. This can potentially lead to a very defensive presentation and superficial engagement with professionals.

Supporting children and families affected by sexual abuse can also bring about increased levels of complexity. Other vulnerabilities such as domestic abuse, controlling and coercive behaviours, substance abuse, and additional learning needs may be complicating factors. Sometimes, several risks are identified for the children, and sexual abuse is just one factor alongside a history of maltreatment and poor boundaries, in which case the risks around sexual harm can get lost.

The aim of the protective parent program (the link to this can be found here - [Protective Parenting programme](#)) is to help to support protective adults understand and process the complex feelings which they might feel. The resources provided help to increase insight and awareness of sexual abuse and to learn ways of increasing safety within the home. The program resources explore:

- The relationship history and family history
- The nature of the offences and the levels of risk
- The theories behind sexual abuse (Finkelhor's Four Stage Model)
- The quality of their relationship with the child/children at risk
- How to identify and recognise concerning behaviours
- If domestic abuse features within their relationship?
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- If the protective adult is sufficiently assertive and are able to prioritise their family's needs or are beholden to the abuser in some way?

With time and support, it is hoped that the non-abusive parent / carer will find some common ground and shift from their initial perspectives on what has been alleged or what has been proven.

Review / Contacts / References	<u>References</u>
	<p>http://www.csacentre.org.uk/resources/blog/the-myth-of-absolute-knowing/</p> <p>http://www.csacentre.org.uk/resources/blog/but-they-must-have-known-effectively-working-with-non-abusing-parents/</p> <p>http://www.csacentre.org.uk/knowledge-in-practice/practice-improvement/signs-indicators-template/</p> <p>https://www.csacentre.org.uk/resources/key-messages/disclosures-csa/</p> <p>https://www.csacentre.org.uk/our-research/the-scale-and-nature-of-csa/measuring-the-scale-and-nature-of-csa/</p> <p>References and Resources</p> <p>This guidance draws heavily upon the Centre of Expertise in Child Sexual Abuse’s guidance ‘Communicating with Children’ and we recommend that all Social Workers and Child and Family Workers working with children who may have experienced sexual abuse read this document. (Communicating with children: A guide for those working with children who have</p>

	<p>or may have been sexually abused (csacentre.org.uk)</p> <p>Statistics on child sexual abuse NSPCC Learning</p> <p>Signs & Indicators Template - CSA Centre</p> <p>Don't wait for them to tell us: recognising and responding to signs of child sexual abuse - CSA Centre</p> <p>Communicating with Vulnerable Children - David P. H. Jones - Google Books</p> <p>Sussex Children's Sexual Assault Referral Centre (Children's SARC) (sussexcommunity.nhs.uk)</p> <p>Supporting Parents and Carers Guide - CSA Centre</p> <p>Home - Survivors Network an organisation that provide support to survivors of sexual violence and abuse, including children and young people</p> <p>Mosac an organisation that support non-abusing parents/carers whose children have been sexually abused.</p>
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